

# *ASAIS Project*

Overview for Provider's  
Conference Call  
March 31, 2006

# Agenda

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- Today's Objectives
- Background
- Business Model
- Implementation
  - Project Timeline
  - Updates
- Q & A

## Today's Objectives

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- Share with Providers Key Information on Business Model
- Communicate Project Milestone Dates and Current Status
- Explain Forums for Ongoing Input and Updates on Project Status
- Opportunity for Questions

# Background

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## **Reasons for Change**

- Increase overall funding for Substance Abuse services
  - RWJ grant showed underutilization of Medicaid funding
  - Increase use of Federal (Medicaid) dollars where possible - to stretch Block Grant and State dollars further
  - Expand the array and scope of services offered and covered by Medicaid
- Protect the Block Grant funds
  - Federal SA Block Grant is considered “ineffective” due to lack of data
  - Alabama has been non-compliant with some existing requirements
  - New requirements for Substance Abuse outcomes effective 10/1/07

# Benefits of New Information System

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- Provides ability to comply with TEDS
- Provides ability to meet new National Outcome Measures (NOMS) reporting requirements (2007)
- Provides ability to focus on priority populations
  - Wait list capabilities
  - Developing a broader range of services applicable for each Level of Care - assuring clients have access to services that they need

## Benefits (continued)

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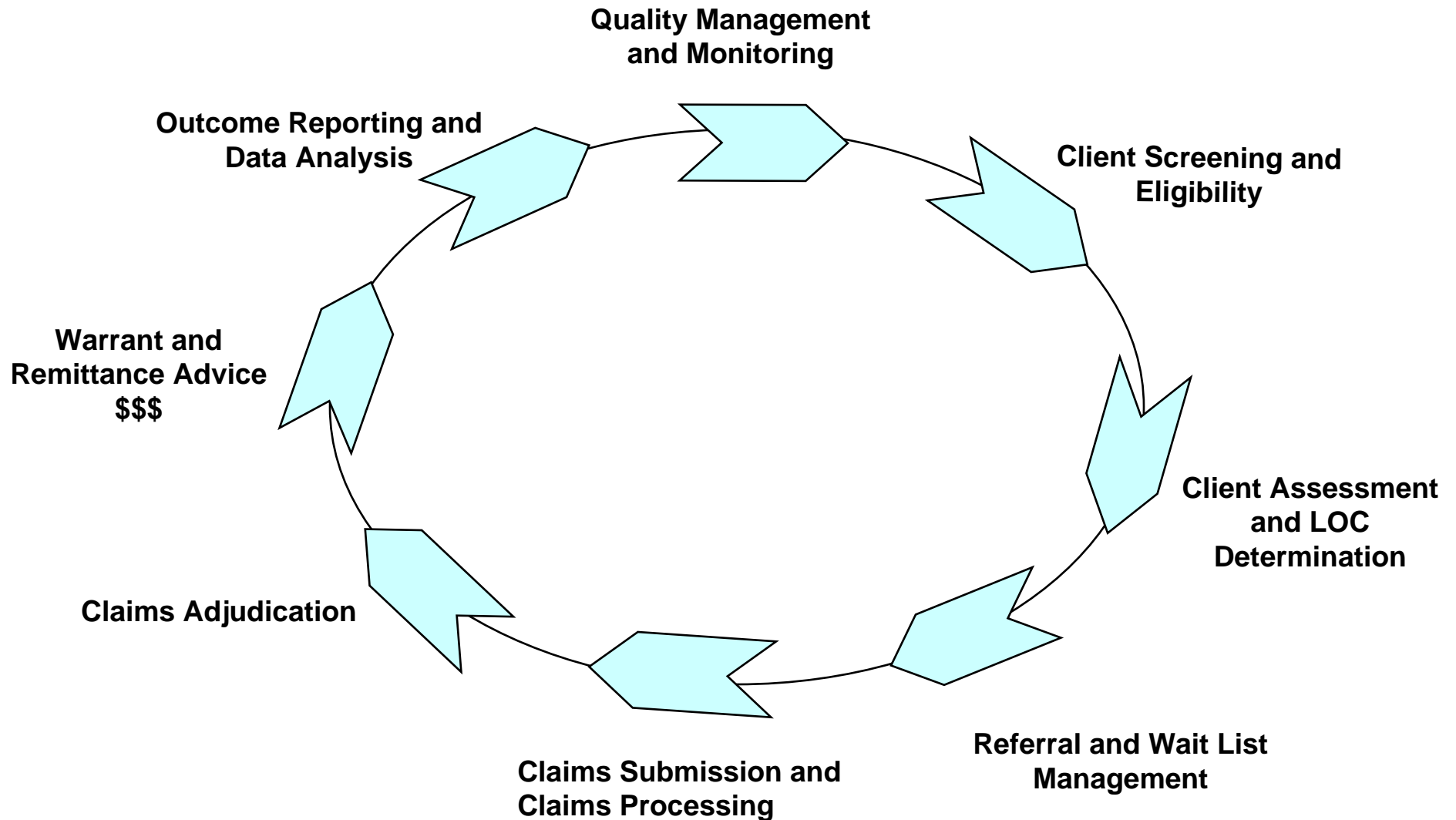
- Use of single HIPAA standard transaction
  - Common data and common rules for all SA services
- Ability to have claims and payments processed twice a month for all sources of state, federal (Block Grant) as well as Medicaid funds.
- Ability to receive an 835 for electronic payment application

# Client Centered System

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- Focus shifts to consumers and client specific data around services and outcomes.
  - Who is being served
  - Where are they being served
  - What services are they receiving
  - What outcomes are being obtained
  - Are the clients satisfied with the services being provided.

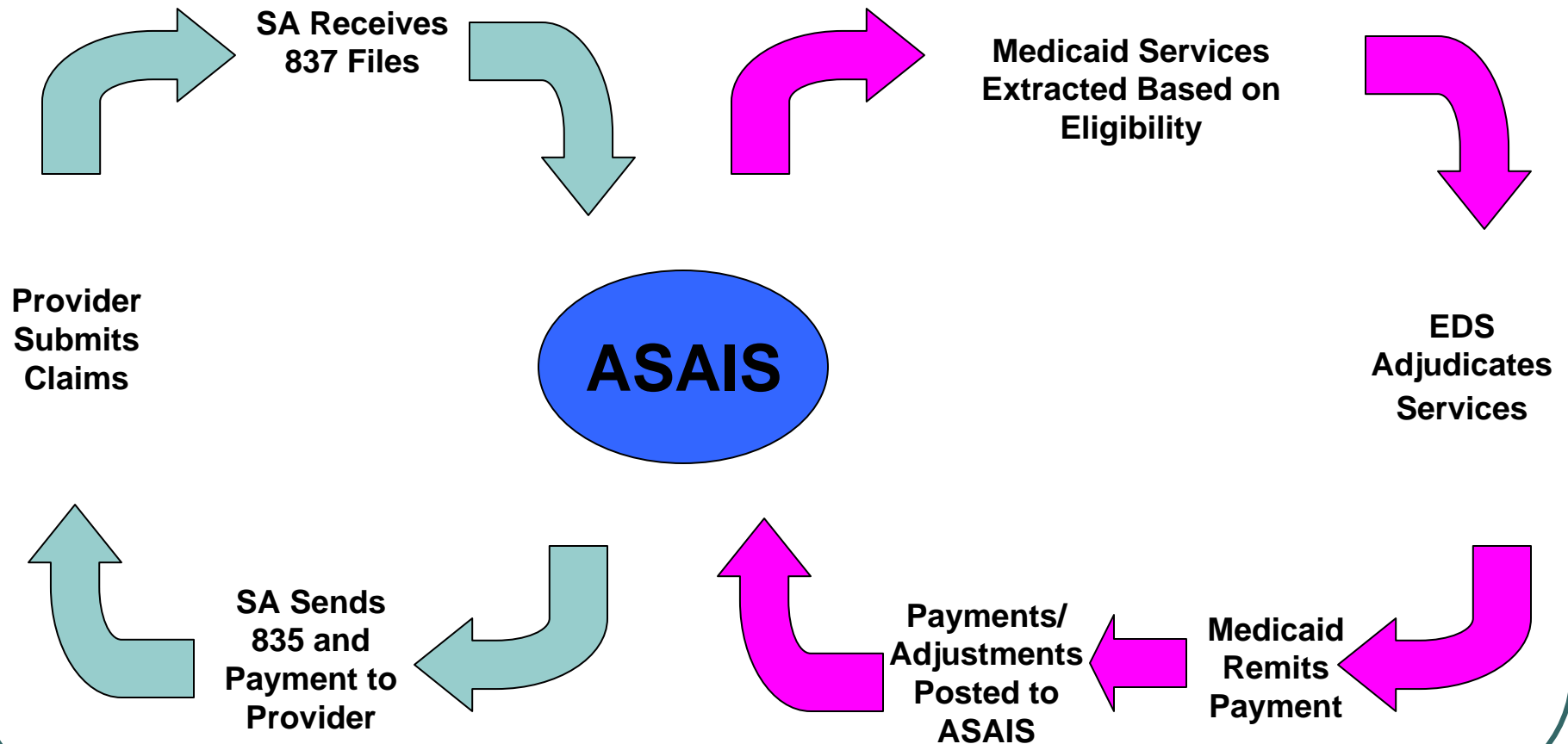
# AS AIS System Business Model





# Medicaid Reimbursement Model – Double Loop

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# Project Timeline

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|-------------------------------|----------------------|
| •Requirements Definition      | Sept 2005 – Feb 2006 |
| •Set-up and Configuration     | Feb – May 2006       |
| •Initial Testing and Training | May – July 2006      |
| •Provider Testing/ Training   | Jun – Sept 2006      |
| •Deployment/Go-Live           | Oct 2006             |

# Major Milestones/Key Dates

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## 2005

- 9/8 - Project Kick-off
- 11/16 - JAD (Joint Application Design) Sessions Complete

## 2006

- 3/20 - Business Analysis Documents Approved
- 2/28 - System Build/Configuration for Testing Begins
- 6/1 - Alpha (Internal) Testing Begins
- 7/15 - Internal Training Complete
- 7/31 - Beta Testing Complete
- 6/30 - Production System Ready
- 7/1 - Provider EDI Testing Begins
- 9/11 - Provider Training Begins
- 10/1 - Go Live

# AS AIS is the Payor

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ALL Substance Abuse Claims paid for in all or in part with public funds are to be billed through AS AIS

- Medicaid
- State
- Block Grant
- Others
- AS AIS Claims adjudication
  - AS AIS edits to match current Medicaid edits
  - Additional validation – service on claim matches LOC in AS AIS

# Business Model Changes

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- New Services and Codes
  - Uniform for Medicaid and State Funded Services
- Simplified Contracting Process
  - Flexibility for use of contracted funds
  - Reduce contract amendments
- Ability to manage Medicaid retroactive eligibility
- Changes in Data Elements & Data Submission Process

# Claims/Remittance

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- Claim Submission Options
  - Direct Data Entry (DDE) into Two-Part Harmony (for ASAIS enrolled clients)
  - Electronic Data Submission – 837
- Claim Remittance Options
  - Electronic Remittance – 835
    - 835 will designate funding source for paid claim
  - Online reporting through Two-Part Harmony

# Impact on Operations – Provider Billing and Remittance

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- **Minor changes expected in 837 billing format** – plan to use current EDS format with addition of SSN and NPI
- Claims to be processed more frequently – warrants to be processed every other week for both Medicaid and SA claims – gives provider the option of receiving a check every week, improved cash flow
- Electronic remittance file (835) will be created – providers will be able to match payment to submitted claim via the claim control number
- Reporting capabilities will be available through Two-part Harmony
  - On-line reports through Crystal Reports
  - Can download results to Word, Excel, etc.

# DRAFT - Two Part Harmony Reports List

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The following reports have been requested – this may need to be prioritized based on need and development resource availability:

- Covered Services by Provider Contract
- Total Contract Award by Provider
- Contract Balance by Provider
- Forecasted End of Balance by Provider
- Service Invoiced Amount by Provider
- Service Invoiced Amount by Service Type
- Service Invoiced Amount by Level of Care
- Service Invoiced Amount by Service Code
- Claims Paid by Fund Source by Provider
- Claims Paid by Fund Source by Service Type
- Claims Paid by Fund Source by Level of Care
- Claims Paid by Fund Source by Service Code
- Claims by Client Diagnostic Category
- Claims by Client Priority Population
- Denied Claims by Reason Code
- Medicaid Paid Claims by State Match
- Budget vs. Actual Claims YTD
- Claims by Service Code
- Claims by Level of Care
- Client Fund Source Eligibility Report
- Prevention Session Report
- Provider Resource Directory
- Claims by IOM
- Claims by Risk and Protective Factors
- Claims by Domain
- Claims by Strategies



# Other Data Elements

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- Proposed Forms
  - Screening/Enrollment
    - Demographic & Basic Screening/Eligibility Data
  - Assessment Summary
    - Results of Assessment & LOC Determination
  - Intake/Update Summary
    - Dates, Disposition, Wait List Information
  - Disposition Summary
    - Changes to LOC, Discharge Information, Additional Client Reporting Data

# Other Data Submission Options

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## At Initial Go-Live

- Direct Data Entry (DDE) using Two Part Harmony
- Faxing of Manually Completed Paper Forms
  - Planning to have toll free number
- Faxing of Computer Generated Paper Forms

## Future Development

- Electronic Data Submission

## Options for Other Data/Forms

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	Two-Part Harmony	Faxed Form – Manual	Faxed Form - Computer Generated	Electronic Data Submission
Screening Form	Yes	Yes	Yes	Evaluating
Assessment Summary	Yes	Yes	Yes	Evaluating
Intake/Update Summary	Yes	No	No	Evaluating
Disposition Summary	Yes	Yes	Yes	Evaluating

# Provider Transition Issues

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- Data conversion planning
  - To assign existing SA clients to new SA Medicaid Insurer
- Workflow changes
  - Update data elements collected
  - Importance of timely data entry
- Testing
  - Especially 837 and 835
- Training
  - New forms and data requirements
  - Two Part Harmony user training

# Communications

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- **ASAIS Website**
  - Have link from departmental home page
- **Bi-Weekly conference calls**
  - 1 888 776-3766, passcode: \*2626217\*
  - Set agenda with opportunity for Q&A
- **Regular updates at existing forums**
  - Coordinating Subcommittee
  - Other forums as requested (Administrative Manager's, etc.)

# Q&A

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